

Docket No.  
RL-499US**Declaration and Power of Attorney For Patent Application****English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**PROCESSES FOR THE PREPARATION OF SOLID DOSAGE FORMS OF AMORPHOUS VALGANCICLOVIR HYDROCHLORIDE**

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on 10 March 2005 as United States Application No. or PCT International Application Number PCT/IB2005/000615 and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s)****Priority Claimed**410/Del/2004India10 March 2004☒

(Number)

(Country)

(Day/Month/Year Filed)

☒

(Number)

(Country)

(Day/Month/Year Filed)

☒

(Number)

(Country)

(Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

**Jayadeep R. Deshmukh, Esq., Reg. No. 34,507**

**George E. Heibel, Esq., Reg. No. 42,648**

**William D. Hare, Esq., Reg. No. 44,739**

**Kenneth Y. Lo, Esq., Reg. No. 51,961**

**Brij Khara, Agent, Reg. No. 58,854**

Send Correspondence to: **Jayadeep R. Deshmukh, Esq.**  
**Ranbaxy Inc.**  
**600 College Road East, Suite 2100**  
**Princeton, NJ 08540**

Direct Telephone Calls to: *(name and telephone number)*

**Jay R. Deshmukh, Esq. (609) 720-5608**

Full name of sole or first inventor <b>Romi Barat SINGH</b>	
Sole or first inventor's signature	Date
Residence <b>Varanasi, India</b>	
Citizenship <b>India</b>	
Post Office Address <b>A-14, Badshah Bagh, Varanasi, Uttar Pradesh 221002 India</b>	

Full name of second inventor, if any <b>Vishnubhotla NAGAPRASAD</b>	
Second inventor's signature	Date
Residence <b>Hyderabad, India</b>	
Citizenship <b>India</b>	
Post Office Address <b>102 Surya Niwas Apartments, Balaji Nagar, Kukatpally, Hyderabad, Andhra Pradesh 500072 India</b>	

Full name of third inventor, if any <b>Nidhi SINGH</b>	
Third inventor's signature	Date
Residence <b>New Delhi, India</b>	
Citizenship <b>India</b>	
Post Office Address <b>B-261, Sarita Vihar, New Delhi, Delhi 110044 India</b>	

Full name of fourth inventor, if any	
Fourth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of fifth inventor, if any	
Fifth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of sixth inventor, if any	
Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	